

CHILD ABUSE/SAFETY VIOLATION HOTLINE INTAKE INFORMATION

For use of this form, see AR 608-18; the proponent agency is OACSIM

AUTHORITY: PL 93-247, Child Abuse Prevention and Treatment Act of 1974, DoD Directives 6400.1, 6400.2 and 6400.3 Family Advocacy Program

PRINCIPAL PURPOSE: To identify and record information on reports of child and spouse abuse and provide protection and medical treatment to military members and their families.

ROUTINE USES: The military services use the information for internal management and maintain it by service. Data forwarded to OSD will be aggregated for analysis and void of case identifiers. Incident data is used to evaluate and identify protocols required in the case. Service program managers use the data to identify incidence and prevalence rates and trends; track involved families; justify appropriate resource allocation; and review and control providers of care.

DISCLOSURE: Disclosure is voluntary; however, failure to provide information may delay the provision of appropriate services to the individual.

1. DATE OF CALL	2. INSTALLATION	3. MACOM	4. DOD CASE NUMBER
5. INTAKE RECEIVED BY		6. FACILITY <i>(Include CDC, YS Building Number/FCC Provider Name and Address)</i>	
7. TYPE INCIDENT		7.c. ACTIVITY <i>(e.g., CDC, FCC, YS)</i>	
7.a. SAFETY	7.b. CHILD ABUSE	7.d. SETTING	
<input type="checkbox"/> FIRE	<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> ACTIVITY ROOM	
<input type="checkbox"/> HEALTH	<input type="checkbox"/> SEXUAL	<input type="checkbox"/> BATHROOM	
<input type="checkbox"/> FACILITY	<input type="checkbox"/> EMOTIONAL	<input type="checkbox"/> OFFICE	
<input type="checkbox"/> GENERAL	<input type="checkbox"/> NEGLECT	<input type="checkbox"/> YARD	
8. DATE OF INCIDENT/DATE VIOLATION NOTICED		<input type="checkbox"/> KITCHEN	
		<input type="checkbox"/> BEDROOM	
		<input type="checkbox"/> PUBLIC LIVING AREA	
		<input type="checkbox"/> SPORTS FIELD/FACILITY	
		<input type="checkbox"/> OTHER <i>(Specify)</i>	
9. DESCRIPTION OF INCIDENT <i>(If additional space is needed, continue on separate sheet.)</i>			

10. VICTIM(s) INFORMATION <i>(If additional space is needed, continue on separate sheet)</i>				
a. NO.	b. AGE	c. SEX OF VICTIMS	d. TYPE OF ABUSE <i>(Physical, Sexual or Neglect)</i>	e. GRADE/RANK/MILITARY OR CIVILIAN STATUS OF EACH VICTIM'S SPONSOR
1				
2				
3				
4				

11. PREVIOUSLY REPORTED BY CALLER TO <i>(Enter date reported)</i>			
DATE REPORTED		DATE REPORTED	
	CDS		MILITARY POLICE
	CPS		CIVILIAN POLICE/FBI
	FAP		INSTALLATION COMMANDER
	CRIMINAL INVESTIGATORS		SAFETY OFFICE
	MEDICAL		OTHER <i>(Specify)</i>
	YS		

12.a. SUSPECT NAME		12.b. SUSPECT AGE	12.c. SUSPECT SEX
12.d. SUSPECT GRADE/RANK AND MILITARY/CIVILIAN STATUS		12.e. SUSPECT BRANCH OF SERVICE AND COMMAND IF ACTIVE DUTY	
12.f. SUSPECT POSITION			
PROVIDER		PARENT	CONTRACT EMPLOYEE
CAREGIVER		ADMINISTRATOR	FAMILY MEMBER
SUPPORT STAFF		COACH	OTHER <i>(Specify)</i>
VOLUNTEER		RECREATION AIDE	

13.a. REPORTER NAME <i>(Optional)</i>		13.b. REPORTER ADDRESS <i>(Optional)</i>	13.c. PHONE NUMBER <i>(Optional)</i>
---------------------------------------	--	--	---

HQDA USE ONLY		
14. CALL REFERRED TO	15. 7-DAY REPORT DUE	16. 90-DAY REPORT DUE
17. HQDA FAP POC		18. ENTERED IN DATABASE BY
19. DATE ENTERED IN DATABASE		20. HQDA CASE NO.